

Foster Family Home - Corrective Action Report

Provider ID: 4-180079

Home Name: Fredelyne Mora, CNA

Review ID: 4-180079-1

533 West Papa Avenue

Reviewer: Angel England

Kahului HI 96732

Begin Date: 11/30/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home visit made for a new home application inspection survey. Corrective action report issued with written plan of correction due to CTA by 12/30/18.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.b.7 No current tuberculosis clearance for CG#4 present in record.

41.f.1 and f.2 There is a connecting doorway to the front house. All five adult household members will need tuberculosis clearances, background checks and confidentiality training unless the home is legally permitted to be allowed to be two separate homes by sealing off the connection per department of permitting and planning requirements.

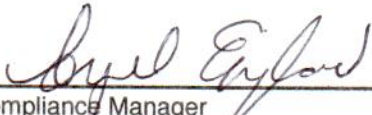
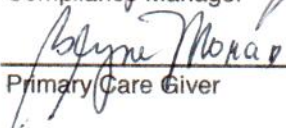
Foster Family Home Client Rights [17-1454-50]

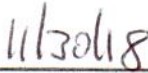
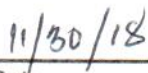
50.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

50.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

50.b.9 and b.13 Under the My choice, My way new federal HCBS rules client's need to be able to lock their bedroom and bathroom doors to allow for privacy and to protect their belongings. There are no lockable doors on either client bedroom nor the bathroom.


Compliance Manager

Primary Care Giver


Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Fredelyne Mora

CCFFH Address: 500 Ala Moana Blvd, STE 7-400 Honolulu, HI 96813

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	TB clearance was obtained for CG#4. It was placed into home record.	12/6/18	Result serves as a letter of reference to identify when requirements are due.
41.f.1	Five adult household was obtained TB clearance Background checks and Confidentiality training.	12/6/18 12/11-14/18 12/20/18	Home will use a calendar to input all due dates and to identify when requirements are due and allow time to get done and household members will receive the training of being added to the home.
50.b.9 and b.13	Lockable doorknobs were placed in each bedroom and bathroom.	12/2/18	Regularly check doorknobs and bought spare for replacement when its about to break to keep it in good working order.

Primary Caregiver's Signature: 

Print Name: Fredelyne B. Mora

Date of Signature: 01-11-19